

MANUAL: FOM 801, Health Services for Foster Children	JOB AID Children's Foster Care
SUBJECT: Medical and Dental Exam Documentation in MiSACWIS	06/2018 New Issue Partial Revision Complete Revision
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Documentation of the completed required medical (initial, periodic and yearly) and dental exams for children in foster care is entered into the Health Profile within MiSACWIS. Permissible forms of documentation are as follows:

MEDICAL EXAM DOCUMENTATION	DENTAL EXAM DOCUMENTATION
MDHHS Well Child Exam form (age-specific)	DHS-1664 Youth Dental Record
Medical Provider EPSDT/Well Child Exam form	Dental Provider Exam form
Medical Provider Electronic Medical Record (EMR)	
MDHHS-5338, Foster Care Well Child Exam/EPSDT Appointment Verification form ¹	
Explanation of Benefits (EOB) Statement	Explanation of Benefits (EOB) Statement
CareConnect360	CareConnect360

Explanation of Benefits (EOB) Statement

An EOB is a statement sent by Medicaid to beneficiaries explaining what medical/dental treatments and/or services were paid for on their behalf. The EOB includes date of service, identification of the health care provider completing the services and treatment. Receipt of an EOB indicating services for a comprehensive or periodic oral evaluation and dental prophylaxis may be entered in MiSACWIS as the dental exam. An EOB supporting completion of a preventive visit, specified by age, is entered as the applicable well child exam.

CareConnect360

CareConnect360 (CC360) is a web-based application stemming from Health Services Data Warehouse. CC360 allows authorized users to access detailed Medicaid claim/encounter data (from health care providers) to view services and treatment provided to Medicaid beneficiaries. The claim/encounter data includes the dental provider and date of service.

The information on the charts on the next page provides guidance to the specific codes and services for verification of the medical and dental exams in CareConnect360.

¹ MDHHS-5338, Foster Care Well Child Exam/EPSDT Appointment Verification allows entry of documentation of the completed Well Child Exam in MiSACWIS. The well child exam form (or allowable alternative form) must be obtained from the medical provider to ensure identification of any health conditions and treatment and to facilitate follow-up services.

For documentation of medical exams, one of the following **Procedure Codes** and corresponding **Diagnosis Code** must be present to equate as a valid well child exam.

PROCEDURE CODES			
"New Patient" to the doctor:		"Established" Patient with doctor:	
99201	OFFICE/OUTPATIENT VISIT NEW	99211	OFFICE/OUTPATIENT VISIT EST
99202	OFFICE/OUTPATIENT VISIT NEW	99212	OFFICE/OUTPATIENT VISIT EST
99203	OFFICE/OUTPATIENT VISIT NEW	99213	OFFICE/OUTPATIENT VISIT EST
99204	OFFICE/OUTPATIENT VISIT NEW	99214	OFFICE/OUTPATIENT VISIT EST
99205	OFFICE/OUTPATIENT VISIT NEW	99215	OFFICE/OUTPATIENT VISIT EST
99381	INIT PM E/M NEW PAT INFANT	99391	PER PM REEVAL EST PAT INF
99382	INIT PM E/M NEW PAT 1-4 YRS	99392	PREV VISIT EST AGE 1-4
99382	PREVENTATIVE VISIT NEW AGE 1-4	99393	PREV VISIT EST AGE 5-11
99383	PREV VISIT NEW AGE 5-11	99394	PREV VISIT EST AGE 12-17
99384	PREV VISIT NEW AGE 12-17	99395	PREV VISIT EST AGE 18-39
99385	PREV VISIT NEW AGE 18-39	99391	PER PM REEVAL EST PAT INF

DIAGNOSIS CODES			
Prior to 10/01/2015 (ICD-9)		After 10/01/2015 (ICD-10)	
V201	CARE OF HEALTHY CHILD NEC	Z00110	HEALTH EXAMINATION FOR NEWBORN UNDER 8 DAYS OLD
V202	ROUTINE CHILD HEALTH EXAM	Z00111	HEALTH EXAMINATION FOR NEWBORN 8 TO 28 DAYS OLD
V2031	HEALTH SUPVSN NB <8 DAYS	Z00121	ENCOUNTER RTN CHILD HEALTH EXAM W/ABNORMAL FIND
V2032	HEALTH SUPV NB 8-28 DAYS	Z00129	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND

Documentation of an initial or yearly dental exam must include at least one of the following procedures for entry in MiSACWIS.

DENTAL PROCEDURES			
D0120	PERIODIC ORAL EVALUATION	D0170	RE-EVAL,EST PT,PROBLEM FOCUS
D0140	LIMIT ORAL EVAL PROBLEM FOCUS	D0171	RE-EVAL POST-OP VISIT
D0145	ORAL EVALUATION, PT < 3YRS	D0190	SCREENING OF A PATIENT
D0150	COMPREHENSIVE ORAL EVALUATION	D0191	ASSESSMENT OF A PATIENT
D0160	EXTENSIVE ORAL EVAL PROB FOCUS	D1110	DENTAL PROPHYLAXIS ADULT
		D1120	DENTAL PROPHYLAXIS CHILD

NOTE: While the EOB statement and specific Medicaid claims/encounter data in CareConnect 360 verify the completion of the respective medical or dental exam on the indicated date, the evaluation and exam findings, recommendations and follow-up are still required. Refer to FOM 801, **Follow-Up Health Care** for more information.

All health exams are uploaded with the appropriate identifying Document Type/Name/Date in the MiSACWIS Health Profile documents, example below.

Document ID	Document Type	Document Name	Date on Document	Created By
	Dental Exam report	Annual Dental Exam	02/07/2018	
	Medical records	discharge records	01/23/2018	
	Other	rehabilitation appointment	07/19/2017	
	Other	Letter Dr. Mary	10/05/2017	
	Other	IEP report	02/06/2017	
	Other	Eye exam	03/21/2017	
	Medical records	ENT appointment	04/25/2017	
	Medical records	Request for Special Health Care Needs	12/21/2017	
	Medical records	Hearing loss	09/15/2017	
	Well Child Exam Early Childhood: 5 Years (DHS-1635)	Yearly	09/13/2017	